

CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

1064 473

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
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49							99					
50							100					
Total							Total					
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Depend							Depend					
Total							Total					
Claims							Claims					

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50						
Total Indep						
Total Depend						
Total Claims						